

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7-14-05 2 Serial/Patent # 10/534295

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing				\$
Amendment				\$
Extension of Time				\$
Notice of Appeal/Appeal				\$
Petition				\$
Issue				\$
Cert of Correction/Terminal Disc.				\$
Maintenance				\$
Assignment				\$
Other				\$
		7 TOTAL AMOUNT OF REFUND	Refund Date:	\$ C: XXXX XXXX XXXX XXXX
		8 TO BE REFUNDED BY:	Refund Date:	C: XXXX XXXX XXXX XXXX
10 REASON:		Treasury Check		
Overpayment		Credit Deposit A/C #:		
Duplicate Payment		9	--	
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>BARBARA CAMPBELL</u>		TITLE: _____		
SIGNATURE: <u>BBC</u>		PHONE: <u>703 308-9140 ext 217</u>		
OFFICE: <u>PCT/DO/EO</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****		Adjustment date: 07/14/2005 BCAMPBEL 05/13/2005 SNAJARRO 00000097 10534295 02 FC:2632 -250.00 OP		
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B